

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/385988</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3			/				53						
4				/			54						
5					/		55						
6						/	56						
7							57						
8							58						
9							59						
10	/						60						
11							61						
12							62						
13							63						
14							64						
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17							67						
18							68						
19							69						
20	/						70						
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22		/					72						
23			/				73						
24				/			74						
25					/		75						
26	/						76						
27		/					77						
28			/				78						
29				/			79						
30					/		80						
31						/	81						
32							82						
33							83						
34							84						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17												
TOTAL DEP.	21												
TOTAL CLAIMS	28												